



Idaho State Board of Medicine

PO Box 83720 Boise, ID 83720-0058

September 1, 2012

To: Wayne Hammon, Administrator
Division of Financial Management

From: Nancy Kerr, Executive Director
Idaho State Board of Medicine

Re: Zero-Based Budget (ZBB) Submittal

Enclosed with this memo are the Board of Medicine FY2014 Budget request and the Zero Based Budget (ZBB) documents.

The process of preparing the ZBB documents provided an opportunity for us to analyze how our business processes align with the mandates that govern our agency. In general we found that the tasks performed by our agency are in alignment with the Statutes and Rules of the Board of Medicine and the other Allied Health Boards.

Three Cost Centers were identified which were Licensing, Discipline and Prelitigation. Staff from each Cost Center were tasked with identifying the legal mandates governing their departments and matching the tasks performed. For each task identified they had to answer the following questions:

- Is this task mandated?
- What is its purpose?
- Is the Agency fulfilling the mandate's intent?
- Does the Mandate support and contribute to the mission of the agency?
- Does it meet the constituency needs? Does it duplicate other entities functions?
- Are the Mandates important enough to warrant continuation?
- What would happen if the mandate was not provided at all?
- Are there other less costly, more efficient ways of satisfying this mandate?
- Would the benefits be greater if all or part of the funds spent were used for other programs?

The Task and Mandate Analysis was reviewed and gaps were identified by asking the following questions:

- What tasks are not mandated and do not meet the mission of the agency? Why are we doing them? None were identified.

- What tasks are mandated but are not done? Why? Should they be mandated? Two gaps were identified:
 - The mandate governing the registration of medical externs, interns and residents requires renewal of their registration. This had never been done since most registrations were issued for less than one year. This will be corrected and renewal of registrations will be required.
 - A Rule requiring monitoring of HIV and Hepatitis B infected health care providers has never been enforced. This was enacted as response to Guidelines from the CDC in 1993. This is an outdated mandate that will be repealed next legislative session. There are safeguards in place in all the Practice Acts or Rules to protect the public from impaired providers.
- What Tasks are mandated and we are doing them but we shouldn't be anymore? Why? We identified two tasks that fit this question and explained our reasoning in the last question.
- What tasks are not mandated but we are doing them? Should they be mandated? Why? None were identified.
- What tasks whether mandated or not should continue by could be done more efficiently and/or cost effectively? What would be required?
 - The Patient Freedom of Information Act was enacted in 2000 before most agencies had publically accessible websites. Physicians and physician assistants are required to fill out a multipage form, have it notarized and send back to the Board. Staff has to enter the data into the "IdaCare" website. Most of the information is available on the Board's website or could be with some minor changes. This would require a statutory change and involves several other agencies. The agencies are discussing possible alternatives and proposing alternative legislation within the next couple of years.
 - The entire cost of Prelitigation hearing panels is borne by the Board even though more than half of the claims involve a hospital. The Board feels that is an unfair burden but unless the hospitals will agree to share the cost, changing the fee structure will require amending the Statute.

The Board's staff was asked to complete a time allocation study. This served to identify some disparities in staffing resources. As we progressed through the ZBB process, it became apparent that licensing is the top ranking cost center. It is the only Cost Center to bring in revenues and since the Board is a dedicated

fund agency, it is essential that the licensing process be efficient, cost effective and free of redundancy. It became apparent that staffing resources within the Licensing Cost Center needed to be realigned. It was also determined that the Prelitigation department was understaffed and struggling to meet the statutory time limit for completion of hearings. We were able to adjust responsibilities and duties to address these issues utilizing existing staff.

Decision Packages were developed for each Cost Center. The ZBB Cost Center Summary Review Summary Sheet was used to help develop the Decision Packages. Expenses for FY12 were reviewed. Some costs can be directly attributed to a Cost Center but some are indirect costs. Where appropriate, costs were assigned based on staff allocation. Staffing will not change for FY14 but due to realignment of staff, staffing costs for Licensing will be reduced and costs for Prelitigation will increase. Physician licensing will have 2 full time employees while the Allied Health licensing manager will take on the physician assistant licensing. Prelitigation will have 2 full time employees.

Other than realignment of staff, we did not identify any processes that are inefficient or redundant. We anticipate that technology advances will continue to streamline the application and renewal processes, prelitigation and to some extent the disciplinary process. We will be upgrading our database system and anticipate additional improvements such as online applications for all professions, secure access by applicants to check on the status of their applications, access by licensees to update their demographic information and improved public access to licensee information and board actions.

We found the Zero Base Budget process to be a worthwhile exercise. It required a thorough review of Statutes and Rules and the Board's business practices. It required employee participation in the process and provided an avenue for their input and insights.

BOARD OF MEDICINE ZERO BASED BUDGETING

COST CENTERS

1. Licensing - The Board of Medicine is committed to the protection of the public by licensing the professionals listed. This is accomplished by evaluating the credentials and ensuring adequate education and training of the individuals applying for licensure or renewal of licensure.
 - a. Physicians
 - i. Medical Students
 - ii. Residents
 - iii. Supervising and Directing Physicians
 - b. Physician Assistants
 - i. Trainees
 - ii. Graduate PAs
 - c. Respiratory Therapists
 - i. Polysomnography Trainees
 - ii. Polysomnography Technicians
 - iii. Polysomnography Technologists
 - iv. Respiratory Therapy Students
 - d. Athletic Trainers
 - e. Dietitians
2. Discipline - The regulation of the licensees of includes investigation of complaints against licensees; presentation of investigative results to the Committee on Professional Discipline; preparation for and participation in administrative hearings and monitoring compliance with Board Orders.
 - a. Investigations
 - b. Compliance
 - c. Enforcement
3. Prelitigation -Tthe Board is responsible for processing claims for malpractice prelitigation screening hearings, finding panelists and making arrangements for the hearing.
 - a. Panels
 - b. Panel Chairman (attorney)

ZERO BASED BUDGET

TASKS AND MANDATES
Idaho Board of Medicine

2012

| TASK | Is this task mandated? | Purpose: | Is the Agency fulfilling the mandate's intent? | Does the Mandate support and contribute to the mission of the agency? | Do they meet constituency needs? Do they duplicate other entities functions? | Are the Mandates important enough to warrant continuation? | What would happen if the mandate was not provided at all? | Are there other less costly more efficient ways of satisfying these mandates? | Would benefits be greater if all or part of funds spent were used for other programs? | MANDATE |
|--|------------------------|---|---|--|--|--|--|--|---|---|
| LICENSURE | | | | | | | | | | 54-1801 - 54-1813 Licensure of Physicians |
| The Board operates, supervises and controls the licensure of physicians. Establishes the educational requirements, acceptable written examinations, and qualifications necessary to evaluate the credentials of applicants for medical licenses. Examine and determine the qualifications and fitness of the applicants to practice medicine. It provides for reasonable fees for licensure and renewal. | Yes | Recognizing that the practice of medicine is a privilege granted by the state of Idaho and is not a natural right of individuals, the purpose of this chapter is to assure the public health, safety and welfare in the state by the <i>licensure</i> and regulation of physicians and the exclusion of unlicensed persons from the practice of medicine. | Yes, the agency insures that applicants meet the requirements for initial licensure and renewal of licensure as set forth in statute and rule | Yes, by verifying that the physicians have the necessary qualifications to provide medical care with reasonable skill and safety to patients in Idaho | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified practitioners. | Greater utilization of technology would make the licensure process more efficient - our agency has been the leader in the utilization of a national uniform application which is downloaded directly into the database. We continue to look for more ways to utilize technology. | No | 54-1841 Licensure of Volunteer Physicians |
| Establish the requirements for retired physicians to practice as volunteers. Evaluate the credentials of the retired physician. | Yes | Allow retired physicians a limited license to practice without remuneration in a volunteer capacity. The applicant does not have to pay an application or renewal fees. | Yes | Yes, the mandate requires the volunteer meet certain requirements to be able to provide care to the underserved. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | Physicians who have many years of experience would not be able to provide volunteer medical services. | No | No | 54-1803 & 54-1807 & 22.01.02 Registration of Externs, Interns and Residents |
| Register medical students, interns and residents who are doing clinical rotations in Idaho. Register medical residents enrolled in the medical residency programs in Idaho. | Yes | Maintain a record of the medical students and residents and their supervising physicians. | Yes, although have not required annual renewals. | Yes, to protect the public by assuring that the student/resident is affiliated with an accredited program. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to keep track of the students/residents or assure that they are properly supervised. | NO | NO | 54-1893 & 54-1807 A & 22.01.03 Licensure of Physician Assistants |
| Establish the educational requirements, acceptable written examinations, and qualifications necessary to evaluate the credentials of applicants for physician assistant licenses. Establish the supervision requirements of the PAs by supervising physicians. | Yes | The purpose of this section is to assure the public health, safety and welfare in the state by the <i>licensure</i> and regulation of physician assistants and the registration of supervising and alternate supervising physicians. | Yes | Yes, by verifying that the PAs have the necessary qualifications to provide medical care with reasonable skill and safety to patients in Idaho - under appropriate physician supervision | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified practitioners or to be assured of adequate supervision. | Yes, by increasing the use of technology such as online applications and the ability to make changes to supervision online. | No | |

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| Establish the requirements for registration of supervising and directing physicians. Determine the supervision requirements for physicians overseeing the medical care provided by ATs, PAs, medical students, residents and cosmetic medical personnel. | Yes | Register and govern the activities of physicians who supervise the practice of PAs, interns, externs, residents, athletic trainers or who supervise medical personnel who provide certain cosmetic treatments. | Yes | Yes, the mandate requires the supervising or directing physician provide adequate supervision to assure safe and competent care is provided to Idaho patients. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | PAs, Medical students & residents, athletic trainers and other medical personnel could practice without any oversight or supervision. | Yes, by increasing the use of technology such as online applications and the ability to make changes to supervision online. | No | 54-1803, 54-1807A, 54-3902, 54-3903, 22.01.04 Registration of Supervising and Directing Physicians |
| Establish the educational requirements, acceptable written examinations, and qualifications necessary to evaluate the credentials of applicants for athletic training licenses. Examine and determine the qualifications and fitness of the applicants to practice athletic training. | Yes | To promote the public health, safety and welfare, to promote the highest degree of professional conduct on the part of the athletic trainers and to assure the availability of the athletic trainer services by providing for the licensure of athletic trainers. | Yes | Yes, by verifying that the athletic trainers have the necessary qualifications to provide athletic training services under the direction of an Idaho licensed physician. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified athletic trainers or to be assured of adequate physician direction. | Yes, by increasing the use of technology such as online applications and the ability to make changes to physician direction online. | No | 54-3909 & 22.01.10 Licensure of Athletic Trainers |
| Establish the educational requirements, acceptable written examinations, and qualifications necessary to evaluate the credentials of applicants for licenses as dietitians. Examine and determine the qualifications and fitness of the applicants to practice dietetics in Idaho. | Yes | Provides for licensure and regulation of dietitians within Idaho to aid in the provision of medical and therapeutic nutritional services of high quality to the people of Idaho. | Yes | Yes, by verifying that the dietitians have the necessary education and qualifications to provide medical and therapeutic nutritional services. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified dietitians. | Yes, by increasing the use of technology such as online applications. | No | 54-3501 & 22.01.13 Licensure of Dietitians |
| Establish the requirements, acceptable written examinations, and qualifications necessary to evaluate the credentials of applicants for licenses as respiratory therapists and permit as polysomnographers. Examine and determine the qualifications and fitness of the applicants to practice respiratory care in Idaho. | Yes | Provides for licensure and regulation of persons offering respiratory care services. To promote the public health, safety and welfare and to promote the highest degree of professional conduct on the part of respiratory care providers. | Yes | Yes, by verifying that the respiratory therapists have the necessary education and qualifications. Verification that the polysomnography trainees, technicians and technologists have adequate training to provide polysomnography related respiratory care services in sleep labs. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified respiratory care practitioners. | Yes, by increasing the use of technology such as online applications. By closing a loop hole in the language. | The Polysomnographers might be better served by becoming their own board and regulating all aspects of polysomnography. | 54-4301 & 22.01.11 Licensure of Respiratory Therapists and Permitting of Polysomnographers |
| Establish procedure for collecting notices of termination of employment for adulteration or misappropriation of controlled substances. Develop a procedure for responding to prospective employers' requests for information regarding terminations. | Yes | Maintain notices of termination of employment of any Board licensee for adulteration or misappropriation of controlled substances. Respond to prospective employers' faxed requests pursuant to notice of termination. | Yes | In theory, this mandate does protect the public. However, if the Board would take disciplinary action against the licensee if it is known that the licensee was terminated for adulteration or misappropriation of drugs which would also protect the public. | The mandate meets constituency needs but may be unnecessary due to Board's disciplinary actions. | Maybe | Probably would not have much impact on protection of the public. | Any practitioner that has been disciplined by the Board is required to provide all current and future employers with a copy of the Board's Order. | Yes | 37-117A Reporting and Disclosure Requirements for Employment Related Adulteration or Misappropriation of Certain Drugs |

ZERO BASED BUDGET

TASKS AND MANDATES
Idaho Board of Medicine

2012

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| Provide forms for newly licensed providers to complete, enter initial data into IdaCare database and provide assistance to providers and the public who are accessing the website. | Yes | Provide patients with easily accessible profile information on specified health care providers-physicians and PAs | Yes | The Board must compile and initially enter data. Enforce fines for non-compliance. | The mandate meets constituency needs but much of the information is available on the Board's website. | Yes, with changes to the mandate | Much of the information can be obtained from the Board's website but not all of the required information would be available. | Yes, with some changes to the information available on the Board's website, much of the information could be available on one website. | Maybe | 54-4602 Patient Freedom of Information Act |
| DISCIPLINE | | | | | | | | | | DISCIPLINE |
| Monitor the practice of HIV/HBV positive health care workers and convene an examining panel health care worker may be unable to safely practice due to HIV/HBV infection | Yes | Monitor the practice of HIV/HBV positive health care workers and convene an examining panel health care worker may be unable to safely practice due to HIV/HBV infection | Board has never had to enforce this Rule | Yes, but it should be expanded to include any disabling impairment. | Yes, it is duplicative for physicians who have the Disabled Physicians Act. | No, the Rules should be repealed | This mandate has never been used. | It has not been an expenditure. | No money spent. | 22.01.12 Rules Relating to Health Care Workers |
| Convene a panel of physicians to examine the records and the physician who may be disabled due to mental or physical illness or substance abuse. The panel makes a recommendation to the Board of Medicine regarding the physician's fitness to practice medicine. The Board then acts upon the recommendation. | Yes | To determine if a physician is unable to practice medicine with reasonable skill and safety to patients due to mental illness, physical illness or excessive use or abuse of drugs or alcohol. | Yes | Yes | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | Either the potentially disabled physician would continue to practice or the Board would have to proceed to an administrative hearing. | No | No | 54-1831 Disabled Physician Act |
| Board may initiate an investigation against a physician based on a report of action taken against the physician by a health care organization such as a hospital. | Yes | Board receives report from health care organization and conducts own investigation and may initiate disciplinary action | Yes | Yes | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | Board would not be aware of actions taken against physicians by hospitals, HMOs or other entities. However, not all actions are reported to the Board. | No | No | 39-1393 Notification of Professional Review Action Imposed upon Physician |
| Board contracts with IMA Physicians Recovery Network (PRN) to provide intervention services, expert opinion and monitoring services for licensees who are impaired. Board staff and PRN staff meet monthly for update reports. | Yes | Board may enter into an agreement with a professional health program to assist with addressing potential or confirmed problems of chemical impairment/dependency, psychological or physical impairment and monitoring voluntary enrollees or those under Board Order. | Yes | Yes, this mandate helps protect the public from impaired practitioners and assists the practitioners in their recovery and return to practice | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | The Board would have assume the responsibilities involved with getting evaluations, arranging for treatment, and follow-up and setting up all of the monitoring requirements. | No | No, the program was recently audited by an outside 3rd party who reported that the program was a very good value for the money expended. | 54-4401 Peer Assistance Entity Agreements |

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| Suspend license upon receipt of court order for failure to pay child support, respond to a subpoena from family court or failure to comply with visitation order. Reinstate license upon termination of court order. | Yes | Board must suspend a licensee's license upon receipt of a court order pursuant to child support delinquency, failure to comply with a subpoena in paternity or child support hearing or failure to comply with a visitation order. | Yes | No, it really does not protect the public/patients and may cause harm to patients if their care is compromised by the sudden suspension of a provider's license. | Unknown | Unknown | The Department of Health and Welfare would have to find another option to force compliance with child support/paternity/visitation requirements. | Unknown | This has rarely been required to be enforced | 7-1403 & 7-1412 Family Law License Suspension |
| Query National Practitioner Databank(NPDB) and Healthcare Integrity and Protection Databank (HIPDB) to see if any actions have been taken against applicant or licensee by another state or other organization or malpractice settlements/ judgments. Report Board actions as required | Yes | Requires reporting and allows querying of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank(HIPDB). Certain licensure actions must be reported to the NPDB/HIPDB | Yes | Yes, it protects the general public by reporting of disciplinary actions and protects the citizens in Idaho because the Data Banks are queried as part of the initial licensure process. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. Although the Federation of State Medical Board and other certifying entities may keep records of disciplinary or certification actions but the Data Bank is the most comprehensive. | Yes | Other licensing/credentialing entities would not be aware of disciplinary actions taken in Idaho and the Board would not be made aware of actions taken by other states, hospitals, Medicare/Medicaid or malpractice settlements. | No | No | Title IV of Public Law 99-660, the Health Care Quality Improvement Act and Section 1921 of the Social Security Act |
| Board engages in rulemaking, initiates formal proceedings in contested cases, hires hearing officers, provides for respondent appearances before the Board and conducts meetings accordingly. | Yes | These Rules govern all aspects of administrative procedure before the Board including rulemaking, contested cases, meeting procedure and appearances before the Board. | Yes | Yes | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | Proceedings would not have legal standing. | No | No | 22.01.07 Rules of Practice and Procedure of the Board of Medicine and 04.11.01 Idaho Rules of Administrative Procedure of the Attorney General |
| The Board hires or appoints employees, executive director, investigators, attorneys, consultants and independent hearing examiners. It conducts investigations and examinations and holds hearings. It has the power to administer oaths, take depositions and issue subpoenas. The Board may seek injunctive relief prohibiting the unlawful practice of medicine | Yes | The Board is statutorily charged to investigate, examine (including mental or physical) and determine the fitness of its licensees to assure the public health safety and welfare. It is also charged to conduct formal proceedings. | Yes, these mandates are carried out by the Board investigators, attorneys, consultants and independent hearing officers. | Yes, the mandates support and contribute to the Board's mission to assure the public health safety and welfare via the fair and impartial application and enforcement of the Practice Acts within its jurisdiction. | Yes, the mandate meets the constituency needs by effective governance via the Board's administrative procedures. This effective governance provides due process, allows a respectful conflict of ideas, is focused, is integrated and synergistic, has relevant outcomes and preserves community assets. | Yes | The Board would not be able to adequately investigate and prosecute violations of the Practice Acts. Licensees would not be afforded due process. | No | No | 54-1802, 54-1806, 54-1836(A), 54-1839, IDAPA 22.01.07.003, 22.01.07.156, 22.01.14.003, 22.01.14.022 Formal Proceedings |

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| <p>The Board appoints 5 members to the Committee on Professional Discipline (COPD). The COPD directs and reviews all investigations, initiate or commence proceedings and makes recommendations to the Board regarding disciplinary action. The Board may authorize the COPD to appoint hearing officers or hearing committees to take evidence, conduct hearings, and make recommended findings of fact and conclusions of law. The COPD will submit recommended conclusions and orders to the Board. The Board enters appropriate orders and takes action including disciplinary orders which may restrict, limit, suspend or revoke the license to practice. The COPD may also recommend other action such as informal admonition. The COPD may also recommend nondisciplinary suspension of impaired physicians, accept the surrender of physician under investigation and provide by order for reciprocal discipline.</p> | <p>Provides for a Committee on Professional Discipline (COPD) to conduct professional disciplinary enforcement investigations and to recommend appropriate action to the Board</p> | <p>Yes</p> | <p>Yes, this mandate supports the Board's mission to protect the public by utilization staff and attorneys to conduct investigations, initiate formal proceedings and make recommendations for disciplinary action to address the violations of the practice acts and rules.</p> | <p>Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services.</p> | <p>Yes</p> | <p>There would not be a separation of investigative and adjudicatory functions of the Board.</p> | <p>No</p> | <p>No</p> | <p>54-1806A Medical Disciplinary Enforcement</p> |
| <p>Quality Assurance Specialists (QAS) receive written complaints or allegations against health care providers regulated by the Board. QAS determines jurisdiction - if the complaint is not within the Board's jurisdiction, complainant is notified and may be referred to appropriate agency. If within jurisdiction, a case is opened and an investigation begun. The complaint, response and medical records and any other ancillary information is summarized and provided the COPD for review and recommendation to the Board. Cases may be closed with no action, additional investigation may be required, confidential admonition may be issued. Stipulation and Order may be offered. In the event the case goes to hearing, the QAS works with Board attorney to gather evidence, interview witnesses and obtain consultants and testifies in the hearing. Once an Order has been entered, compliance is monitored by staff until termination of Order.</p> | <p>Provides for the processes involved in the filing of complaints against licensees, investigation by Quality Assurance Specialists, review and deliberation by the COPD and BOM and follow-up on the Board's action.</p> | <p>Yes</p> | <p>Yes, complaint review, investigation and disciplinary action consumes much of the Board's resources.</p> | <p>Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services.</p> | <p>Yes</p> | <p>The Board would lack the guidance and resources to regulate the professions licensed</p> | <p>No</p> | <p>No</p> | <p>54-1802 & 22.01 14 Complaint Investigation</p> |

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| Investigation of complaints against allied health providers follows the same format as for physicians taking into account the difference in scopes of practice. Grounds for discipline may be different for each profession. Each complaint/case is presented to the appropriate Committee or Board and their recommendations for disposition of each case is presented to the Board of Medicine for review and final action. | Yes | Provides for investigation and disciplinary proceedings against physician assistants, dietitian, athletic trainers and respiratory care practitioners. Allied Health Boards make recommendations to the Board of Medicine regarding disciplinary cases. | Yes | Yes | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | The Board would lack the guidance and resources to regulate the professions licensed. | No | No | 54-1806(10), 54-1814 54-3911, 54-3913 54-4312, and IDAPA 22.01.14.010, 22.01.07.525, 22.01.13.003, 22.01.052.03, 22.01.10.011.2.b, 22.01.11.011.01c, 22.01.11.035, 22.01.01.101, 22.01.03.037. |
| PRE-LITIGATION | | | | | | | | | | |
| Claims against physicians and acute care hospitals for malpractice must complete a pre-litigation screening hearings before a malpractice claim can be filed in the Court. When the claim is received by the Board, the pre-litigation manager notifies the named parties and assigns the claim to a Panel Chairman (attorney) according to geographic region. The Panel Chairman has a telephone conference with all parties to set a date for the hearing. Board staff notifies all parties and attorneys of the hearing place and time. She also assigns a lay panelist, a physician panelist and a hospital representative (if hospital named). The Pre-lit manager also may also arrange for the hearing room. At the conclusion of the hearing, the final report is received by the Board and sent to all parties. | Yes | In cases of alleged malpractice involving claims for damages against physicians or licensed acute care hospitals, the Board of Medicine is directed to provide a hearing panel similar to a special civil grand jury for prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care. | Yes | Yes, if claims are found to be with merit by the hearing panel, often they will settle without going through the courts. If claims are found to be without merit, the claimant may still file a claim in court but often the case is dropped. | Yes, the public struggled with the fact that the courts had become adversarial, not conducive to preserving relationships, potentially very costly and open to public review. This struggle led to legislation of the prelitigation process which optimally function as mediation or alternative dispute resolution. | Yes | All malpractice claims would all have to be heard through the court system which would be expensive and time consuming for all involved. | Since the Board absorbs all of the costs including the salary for 1.5 FTEs, charging a filing fee or requiring the hospitals to pay for part of the costs when they are named in the claims. | No | 6-1001 Hearing Panel for Prelitigation Consideration of Medical Malpractice Claims |

MANDATES
Idaho Board of Medicine

| LICENSURE | | | | | | | | | |
|---|---|--|--|--|--|--|---|--|--|
| CODE: 54-1801- 54-1813 Licensure of Physicians | | | | | | | | | |
| Purpose: | Is the Agency fulfilling the mandate's intent? | Does the Mandate support and contribute to the mission of the agency? | Do they meet constituency needs? Do They duplicate other entities functions? | Are the Mandates important enough to warrant continuation? | What would happen if the mandate was not provided at all? | Are there other less costly more efficient ways of satisfying these mandates? | Would benefits be greater if all or part of funds spent were used for other programs? | | |
| Recognizing that the practice of medicine is a privilege granted by the state of Idaho and is not a natural right of individuals, the purpose of this chapter is to assure the public health, safety and welfare in the state by the <i>licensure</i> and regulation of physicians and the exclusion of unlicensed persons from the practice of medicine. | Yes, the agency insures that applicants meet the requirements for initial licensure and renewal of licensure as set forth in statute and rule | Yes, by verifying that the physicians have the necessary qualifications to provide medical care with reasonable skill and safety to patients in Idaho | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified practitioners. | Greater utilization of technology would make the licensure process more efficient - our agency has been the leader in the utilization of a national uniform application which is downloaded directly into the database. We continue to look for more ways to utilize technology. | No | | |
| Allow retired physicians a limited license to practice without remuneration in a volunteer capacity. The applicant does not have to pay an application or renewal fees. | Yes | Yes, the mandate requires the volunteer meet certain requirements to be able to provide care to the underserved. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | Physicians who have many years of experience would not be able to provide volunteer medical services. | No | NO | | |
| 54-1803 & 54-1807 & 22.01 02 Registration of Externs, Interns and Residents | Maintain a record of the medical students and residents and their supervising physicians. | Yes, to protect the public by assuring that the student/resident is affiliated with an accredited program. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to keep track of the students/residents or assure that they are properly supervised. | NO | NO | | |
| 54-1893 & 54-1807A & 22.01 03 Licensure of Physician Assistants | The purpose of this section is to assure the public health, safety and welfare in the state by the <i>licensure</i> and regulation of physician assistants and the registration of supervising and alternate supervising physicians. | Yes, by verifying that the PAs have the necessary qualifications to provide medical care with reasonable skill and safety to patients in Idaho - under appropriate physician supervision | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified practitioners or to be assured of adequate supervision. | Yes, by increasing the use of technology such as online applications and the ability to make changes to supervision online. | No | | |
| 54-1803, 54-1807A, 54-3902, 54-3903, 22.01 04 Registration of Supervising and Directing Physicians | Register and govern the activities of physicians who supervise the practice of PAs, interns, externs, residents, athletic trainers or who supervise medical personnel who provide certain cosmetic treatments. | Yes, the mandate requires the supervising or directing physician provide adequate supervision to assure safe and competent care is provided to Idaho patients. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | PAs, Medical students & residents, athletic trainers and other medical personnel could practice without any oversight or supervision | Yes, by increasing the use of technology such as online applications and the ability to make changes to supervision online. | No | | |
| 54-3909 & 22.01 10 Licensure of Athletic Trainers | To promote the public health, safety and welfare, to promote the highest degree of professional conduct on the part of the athletic trainers and to assure the availability of the athletic trainer services by providing for the licensure of athletic trainers. | Yes, by verifying that the athletic trainers have the necessary qualifications to provide athletic training services under the direction of an Idaho licensed physician. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified athletic trainers or to be assured of adequate physician direction. | Yes, by increasing the use of technology such as online applications and the ability to make changes to physician direction online. | No | | |

MANDATES
Idaho Board of Medicine

| | | | | | | | | |
|--|---|-----|---|--|-----------------------------------|---|---|---|
| 54-3501 & 22 01 13 Licensure of Dietitians | Provides for licensure and regulation of dietitians within Idaho to aid in the provision of medical and therapeutic nutritional services of high quality to the people of Idaho. | Yes | Yes, by verifying that the dietitians have the necessary education and qualifications to provide medical and therapeutic nutritional services. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified dietitians. | Yes, by increasing the use of technology such as online applications | No |
| 54-4301 & 22 01 11 Licensure of Respiratory Therapists and Permitting of Polysomnographers | Provides for licensure and regulation of persons offering respiratory care services. To promote the public health, safety and welfare and to promote the highest degree of professional conduct on the part of respiratory care providers | Yes | Yes, by verifying that the respiratory therapists have the necessary education and qualifications. Verification that the polysomnography trainees, technicians and technologists have adequate training to provide polysomnography related respiratory care services in sleep labs. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would be no way to protect the public from unqualified respiratory care practitioners. | Yes, by increasing the use of technology such as online applications. By closing a loop hole in the language. | The Polysomnographer s might be better served by becoming their own board and regulating all aspects of polysomnography |
| 37-117A Reporting and Disclosure Requirements for Employment Related Adulteration or Misappropriation of Certain Drugs | Maintain notices of termination of employment of any Board licensee for adulteration or misappropriation of controlled substances. Respond to prospective employers' faxed requests pursuant to notice of termination | Yes | In theory, this mandate does protect the public. However, if the Board would take disciplinary action against the licensee if it is known that the licensee was terminated for adulteration or misappropriation of drugs which would also protect the public. | The mandate meets constituency needs but may be unnecessary due to Board's disciplinary actions. | Maybe | Probably would not have much impact on protection of the public. | Any practitioner that has been disciplined by the Board is required to provide all current and future employers with a copy of the Board's Order. | Yes |
| 54-4602 Patient Freedom of Information Act | Provide patients with easily accessible profile information on specified health care providers-physicians and PAs | Yes | The Board must compile and initially enter data. Enforces fines for non-compliance. | The mandate meets constituency needs but much of the information is available on the Board's website | Yes, with changes to the mandate. | Much of the information can be obtained from the Board's website but not all of the required information would be available. | Yes, with some changes to the information available on the Board's website, much of the information could be available on one website. | Maybe |
| DISCIPLINE 22 01 12 Rules Relating to Health Care Workers | Monitor the practice of HIV/HMB positive health care workers and convene an examining panel health care worker may be unable to safely practice due to HIV/HBV infection | | | Yes, it is duplicative for physicians who have the Disabled Physicians Act. | No, the Rules should be repeated | This mandate has never been used. | It has not been an expenditure. | No money spent. |
| 54-1631 Disabled Physician Act | To determine if a physician is unable to practice medicine with reasonable skill and safety to patients due to mental illness, physical illness or excessive use or abuse of drugs or alcohol. | Yes | Yes | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | Either the potentially disabled physician would continue to practice or the Board would have to proceed to an administrative hearing. | No | No |
| 39-1393 Notification of Professional Review Action Imposed upon Physician | Board receives report from health care organization and conducts own investigation and may initiate disciplinary action | Yes | Yes | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | Board would not be aware of actions taken against physicians by hospitals, HMOs or other entities. However, not all actions are reported to the Board | No | No |

MANDATES
Idaho Board of Medicine

| | | | | | | | | |
|--|--|-----|---|---|---------|---|----------|---|
| <p>54-4401 Peer Assistance Entity Agreements</p> <p>7-1403 & 7-1412 Family Law License Suspension</p> <p>Title IV of Public Law 99-660, the Health Care Quality Improvement Act and Section 1921 of the Social Security Act</p> <p>22.01.07 Rules of Practice and Procedure of the Board of Medicine and 04.11.01 Idaho Rules of Administrative Procedure of the Attorney General</p> <p>54-1802, 54-1806, 54-1806(A), 54-1839, IDAPA 22.01.07.003, 22.01.07.156, 22.01.14.003, 22.01.14.022</p> <p>Formal Proceedings</p> | <p>Board may enter into an agreement with a professional health program to assist with addressing potential or confirmed problems of chemical impairment/dependency, psychological or physical impairment and monitoring voluntary enrollees or those under Board Order.</p> | Yes | <p>Yes, this mandate helps protect the public from impaired practitioners and assists the practitioners in their recovery and return to practice.</p> | <p>Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services.</p> | Yes | <p>The Board would have assume the responsibilities involved with getting evaluations, arranging for treatment and follow-up and setting up all of the monitoring requirements.</p> | No | <p>No, the program was recently audited by an outside 3rd party who reported that the program was a very good value for the money expended.</p> |
| | <p>Board must suspend a licensee's license upon receipt of a court order pursuant to child support delinquency, failure to comply with a subpoena in paternity or child support hearing or failure to comply with a visitation order.</p> | Yes | <p>No, it really does not protect the public/patients and may cause harm to patients if their care is compromised by the sudden suspension of a provider's license.</p> | Unknown | Unknown | <p>The Department of Health and Welfare would have to find another option to force compliance with child support/paternity/visitation requirements.</p> | Unknown. | <p>This has rarely been required to be enforced.</p> |
| | <p>Requires reporting and allows querying of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank(HIPDB). Certain licensure actions must be reported to the NPDB/HIPDB</p> | Yes | <p>Yes, it protects the general public by reporting of disciplinary actions and protects the citizens in Idaho because the Data Banks are queried as part of the initial licensure process.</p> | <p>Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. Although the Federation of State Medical Board and other certifying entities may keep records of disciplinary or certification actions but the Data Bank is the most comprehensive.</p> | Yes | <p>Other licensing/credentialing entities would not be aware of disciplinary actions taken in Idaho and the Board would not be made aware of actions taken by other states, hospitals Medicare/Medicaid or malpractice settlements.</p> | No | No |
| | <p>These Rules govern all aspects of administrative procedure before the Board including rulemaking, contested cases, meeting procedure and appearances before the Board.</p> | Yes | Yes | <p>Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services.</p> | Yes | <p>Proceedings would not have legal standing.</p> | No | No |
| <p>54-1802, 54-1806, 54-1806(A), 54-1839, IDAPA 22.01.07.003, 22.01.07.156, 22.01.14.003, 22.01.14.022</p> <p>Formal Proceedings</p> | <p>The Board is statutorily charged to investigate, examine (including mental or physical) and determine the fitness of its licensees to assure the public health safety and welfare. It is also charged to conduct formal proceedings.</p> | | <p>Yes, these mandates are carried out by the Board investigators, attorneys, consultants and independent hearing officers.</p> | <p>Yes, the mandates support and contribute to the Board's mission to assure the public health safety and welfare via the fair and impartial application and enforcement of the Practice Acts within its jurisdiction.</p> | Yes | <p>The Board would not be able to adequately investigate and prosecute violations of the Practice Acts. Licensees would not be afforded due process.</p> | No | No |

MANDATES
Idaho Board of Medicine

| | | | | | | | | |
|--|---|-----|---|--|-----|--|---|----|
| <p>S4-1806A Medical Disciplinary Enforcement</p> | Provides for a Committee on Professional Discipline (COPD) to conduct professional disciplinary enforcement investigations and to recommend appropriate action to the Board | Yes | Yes, this mandate supports the Board's mission to protect the public by utilization staff and attorneys to conduct investigations, initiate formal proceedings and make recommendations for disciplinary action to address the violations of the practice acts and rules. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | There would not be a separation of investigative and adjudicatory functions of the Board. | No | No |
| | Provides for the processes involved in the filing of complaints against licensees, investigation by Quality Assurance Specialists, review and deliberation by the COPD and BOM and follow-up on the Board's action. | Yes | Yes, complaint review, investigation and disciplinary action consume much of the Board's resources. | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | The Board would lack the guidance and resources to regulate the professions licensed | No | No |
| | Provides for investigation and disciplinary proceedings against physician assistants, dietitians, athletic trainers and respiratory care practitioners. Allied Health Boards make recommendations to the Board of Medicine regarding disciplinary cases. | Yes | Yes | Yes, the mandate meets the constituency needs and there is no other entity that provides the same or similar services. | Yes | The Board would lack the guidance and resources to regulate the professions licensed | No | No |
| <p>S4-1806(10), S4-1814 S4-3911, S4-3913 S4-4312, and IDAPA 22.01.14.010, 22.01.07.525, 22.01.13.003, 22.01.052.03, 22.01.10.011, 2.b, 22.01.11.011, 01c, 22.01.11.035, 22.01.01.101, 22.01.03.037,</p> | | | | | | | | |
| <p>6-1001 Hearing Panel for Prolitigation of Medical Malpractice Claims</p> | In cases of alleged malpractice involving claims for damages against physicians or licensed acute care hospitals, the Board of Medicine is directed to provide a hearing panel similar to a special civil grand jury for prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care. | Yes | Yes, if claims are found to be with merit by the hearing panel, often they will settle without going through the courts. If claims are found to be without merit, the claimant may still file a claim in court but often the case is dropped. | Yes, the public struggled with the fact that the courts had become adversarial, not conducive to preserving relationships, potentially very costly and open to public review. This struggle led to legislation of the prelitigation process which optimally function as mediation or alternative dispute resolution. | Yes | All malpractice claims would all have to heard through the court system which would be expensive and time consuming for all involved | Since the Board absorbs all of the costs including the salary for 1.5 FTEs, charging a filing fee or requiring the hospitals to pay for part of the costs when they are named in the claims | No |

ANALYSIS
Idaho Board of Medicine

| What tasks are NOT mandated and do NOT meet the mission of the agency? Why are we doing them? | What tasks ARE mandated but are NOT done? Why? Should they be mandated? | What tasks ARE mandated and we ARE doing them but we shouldn't be anymore. Why? | What tasks are NOT mandated, but we ARE doing them? Should they be mandated? Why? | What tasks whether mandated or not SHOULD continue but could be done more efficiently and/or cost effectively? What would be required? |
|--|---|---|--|---|
| We believe that the tasks that we perform are all within the mandates and that the tasks meet the mission of our agency. | Annual renewal of the registrations of medical externs, interns and residents is mandated. This has not been done because most of the externs (students) are in Idaho for less than 1 year. Most of the residents obtain an active license after they have been a resident for 1 year. There are now residents at the Veterans Administration who may not become licensed so we may need to begin requiring renewal of those residents. | See the last column. | We believe that the tasks that we perform are all within the mandates and that the tasks meet the mission of our agency. | The Patient Freedom of Information Act was enacted in 2000 before most agencies had publicly accessible websites. We require physicians and physician assistants to complete a multipage form, have it notarized and return it to our office. Staff then has to enter the information. The website is maintained by the State OCIO and the database is outdated. Most of the information is available on our website and additional information could be added. This will require a change in statute that involves several other agencies. |
| | The Board is mandated to monitor the practice of licensees who are HIV/HBV positive. The Board has not had occasion enforce this mandate which was enacted in 1993 in response to the CDC's concern with Health Care workers spreading HIV or Hepatitis B. This is an out-dated mandate that should be repealed. Existing rules govern in cases of inability of licensees to practice with reasonable skill and safety. | | | Currently the Board bears the entire cost of the Pre litigation screening hearing panels. Although this is a worthwhile mandate, we feel there is an unfair financial burden placed on the Board. It will require a legal mandate to allow the Board to defer some of the costs to the hospitals. |

BUDGET FUNCTION: Medical Licensing and Regulation
Agency: Board of Medicine
Code: 425

SLART RESOURCE ALLOCATION TO COST CENTERS (IN FULL-TIME POSITIONS)

This spreadsheet should reflect the distribution of salaries and benefits across a program's cost centers. This should reflect any alternative approaches to the current structure. In order to fulfill the department's core mission, please use this spreadsheet to address how the cost centers in this program should be structured. The totals from this spreadsheet should equal the total under the total salary and benefits row on the Decision Package spreadsheets.

| PCN | JOB TITLE | (Dollars) Annual | DEDICATED | | | Subtotal | TOTAL |
|------|-------------------------|---------------------|----------------|----------------|---------------|----------------|----------------|
| | | | 229 | 229 | 229 | | |
| | | | Cost Center 1 | Cost Center 2 | Cost Center 3 | | |
| | Total FTEs | Salary | | | | 0 | - |
| 0002 | Nancy Kerr | 101,000 | 12,000 | 87,000 | 2,000 | 101,000 | 101,000 |
| 0003 | Felicia Kruck | 35,000 | 23,000 | 12,000 | | 35,000 | 35,000 |
| 0004 | Jennifer Woodland | 38,500 | 38,500 | | | 38,500 | 38,500 |
| 0005 | Lisa Osterman | 42,900 | 42,900 | | | 42,900 | 42,900 |
| 0007 | Jodi Adcock | 39,700 | 30,000 | 5,000 | 4,700 | 39,700 | 39,700 |
| 0008 | Alissa Murphy | 47,300 | 2,400 | | 44,900 | 47,300 | 47,300 |
| 0009 | Mary McCulley | 44,800 | 35,000 | 7,000 | 2,800 | 44,800 | 44,800 |
| 0011 | Mary Leonard | 69,700 | 40,000 | 27,000 | 2,700 | 69,700 | 69,700 |
| 0012 | Darlene Parrott | 46,000 | 3,700 | 42,300 | | 46,000 | 46,000 |
| 0013 | Cynthia Michalik | 64,200 | | 64,200 | | 64,200 | 64,200 |
| 0014 | QAS Vacant | 64,200 | | 64,200 | | 64,200 | 64,200 |
| 0015 | Cathleen Wagnild Morgan | 53,500 | 42,800 | 5,000 | 5,700 | 53,500 | 53,500 |
| 0017 | Janet Whelan | 64,200 | | 64,200 | | 64,200 | 64,200 |
| 0018 | Claudia Lawson | 35,300 | 17,650 | | 17,650 | 35,300 | 35,300 |
| | Board Members | 5,200 | 4,200 | 1,000 | | 5,200 | 5,200 |
| | TOTAL | 751,500 | 292,150 | 378,900 | 80,450 | 751,500 | 751,500 |
| | | | | | | 0 | 0 |

Explain Changes to the Original Cost Center Structure (e.g. program transfers in DU 8.30 series)

| EMPLOYEE | % of time spent on Licensing | % of time spent on Discipline | % of time spent on Pre-Lit |
|-------------------------|---|--|---------------------------------------|
| Nancy Kerr | 12% | 86% | 2% |
| Felicia Kruck | 65% | 34% | |
| Jennifer Woodland | 100% | | |
| Lisa Osterman | 100% | | |
| Jodi Adcock | 75% | 13% | 12% |
| Alissa Murphy | 5% | | 95% |
| Mary McCulley | 78% | 15% | 7% |
| Mary Leonard | 57% | 39% | 4% |
| Cynthia Michalik | | 100% | |
| Darlene Parrott | 8% | 92% | |
| QAS Vacant | | 100% | |
| Cathleen Wagnild Morgan | 80% | 9% | 11% |
| Janet Whelan | | 100% | |
| Claudia Lawson | 50% | | 50% |

ZBB Cost Center Summary Review Sheet
(For agency internal use -- submission is optional)

Cost Center Name: Licensing

Total Score 19 **Ranking of**

Description:

Out of 20

This cost center is responsible for processing the initial and renewal licenses for physicians (MD & DO), physician assistants, athletic trainers, dietitians, respiratory care practitioners. This is accomplished by evaluating the credentials, education, training and experience of applicants to ensure that they are able to practice their profession with reasonable skill and safety. This cost center collects and processes the application and renewal fees which comprise the majority of revenue collected.

Base Resource Allocation:

| Fund Source | FTP | PC | OE | CO | T&B | Total |
|--------------|-------------|-------------------|-------------------|-------------|-------------|-------------------|
| General | | | | | | 0 |
| Dedicated | 6.30 | 292,150 | 269,670 | | | 561,820 |
| Federal | | | | | | 0 |
| Other | | | | | | 0 |
| Total | 6.30 | 292,150.00 | 269,670.00 | 0.00 | 0.00 | 561,820.00 |

(Scale of 1 - 5)

Strategic Plan - Degree to which cost center activities contribute to strategic plan?

5

Justify Score:

The Board is dedicated to promoting excellence, transparency and efficiency in licensing through cost effective and efficient licensing processes that ensure protection of the public while minimizing redundancy. The licensing processes utilize technology as a means to streamline the process. The public has access to information regarding the licensees via our public website. The Board's mission is to protect the public through the fair and impartial application and enforcement of the practice acts.

(Scale of 1 - 5)

Performance - Degree to which cost center activates meet performance standards?

5

Justify Score:

The licensing cost center meets the performance standard to meet or exceed the public demand for information by utilizing electronic means of communication and providing a user-friendly website which provides information about the Boards and each licensee. The licensing staff utilize technology to increase work output and increase efficiency. Physician applications are submitted online and downloaded into the database. Allied health applicants can fill in applications online but must print and mail the applications. 85% of licenses are renewed online and all Board meetings are paperless. Staff is adequately trained to respond appropriately to questions from the public, applicants and licensees by phone and increasingly by email.

(Scale of 1 - 5)

Legal Mandates - Degree to which cost center activities are critical to fulfilling legal mandates?

5

Justify Score:

All of the professions licensed by the respective boards are governed by their "Practice Acts" that define the profession, specify the requirements for licensure, the scope of practice, grounds for discipline and the relationship of each Board or Committee to the Board of Medicine. The licensing cost center brings in most of the revenue for the Board and it is very critical to fulfilling legal mandates.

(Scale of 1 - 5)

Reduction Scenario Analysis - Degree to which a 10% cost center reduction impacts the agency core mission?

4

10% 56,180

Justify Score:

A 10% reduction in the funding for the licensing cost center would also probably be reflected in a similar reduction in revenues. So this would impact the Board's ability to process the license applications, renewals, answer questions in a timely manner. The Board could still fulfill its mandate but it would take longer. The Board has initiated an expedited licensure process for those who qualify and electronically downloads applications for physicians. This has decreased the length of time it takes to process applications, but it also means that there is increased pressure for the licensing manager to process the work quickly.

Alternatives - Better ways of doing business (priority rank)?

- 1 Provide a system for all licensees to apply for a license online and pay with a credit card. Currently only physicians apply online but they must still pay by check or money order. The online data could automatically populate the database reducing the amount of data entry.
- 2 Allow applicants to log in securely to check the status of their application. This would markedly reduce the amount of time staff spends responding to calls and emails.
- 3 At renewal time, allow licensees to print their own renewed licenses (according to business rules). This would reduce staff time and reduce printing and mailing costs.

ZBB Cost Center Summary Review Sheet
(For agency internal use -- submission is optional)

Cost Center Name: Discipline

Total Score 17 **Ranking of**
Out of 20

Description:

The regulation of licensees includes assessment and investigation of complaints filed against licensees by the public, hospitals, practitioners, state agencies, other state licensing boards; investigation of malpractice settlements and data bank reports; preparation/presentation of investigative findings to the allied health boards or the Committee on Professional Discipline (COPD); monitoring compliance with Board orders and preparation for and participation in administrative hearings including interviewing and coordinating witnesses.

Base Resource Allocation:

| Fund Source | FTP | PC | OE | CO | T&B | Total |
|--------------|-------------|-------------------|-------------------|-------------|-------------|----------------|
| General | | | | | | 0 |
| Dedicated | 5.90 | 378,900 | 188,130 | | | 567,030 |
| Federal | | | | | | 0 |
| Other | | | | | | 0 |
| Total | 5.90 | 378,900.00 | 188,130.00 | 0.00 | 0.00 | 567,030 |

(Scale of 1 - 5)

Strategic Plan - Degree to which cost center activities contribute to strategic plan?

4

Justify Score:

The Board is a committed to protection of the public and insuring that those professionals who are licensed continue to provide health care that is competent and within the scope of their practice. With the increasing use of technology, the public has come to expect ready access to information about health care providers, standards of care, Board policies and guidelines and disciplinary actions taken against licensees. All of this information is made available on the Board's website as well as information and form for filing a complaint against a licensee.

(Scale of 1 - 5)

Performance - Degree to which cost center activates meet performance standards?

5

Justify Score:

The Discipline cost center meets the performance standards by promptly reviewing complaints for jurisdiction, assigning and opening cases and corresponding by phone, mail and email with the complainants and respondents. The Quality Assurance Specialists (QAS) utilize technology to conduct research, query national databanks and other States public information. They communicate with and educate the public and licensees regarding the disciplinary process. The QAS all attend national training courses to become Certified Board Investigators. They also communicate with other State agencies and law enforcement as needed to ensure that all pertinent information is gathered during investigations.

(Scale of 1 - 5)

Legal Mandates - Degree to which cost center activities are critical to fulfilling legal mandates?

5

Justify Score:

This cost center has mandates that are specific to investigation and enforcement of the Board's Practice Acts and Rules. There is a specific set of Rules relating to complaint investigation which delineates how complaints are to be received, jurisdiction determined, cases opened, investigations conducted and compliance with Board orders monitored. Each Practice Act and Rules list grounds for discipline and options for disciplinary action. The procedure for formal disciplinary proceedings is found in the Administrative Procedures Act.

(Scale of 1 - 5)

Reduction Scenario Analysis - Degree to which a 10% cost center reduction impacts the agency core mission?

3

10% 56,700

Justify Score:

A 10% reduction in funding for this cost center would probably be reflected in a reduction in staff. The Board would still be able to protect the public from imminent harm by taking swift action if a provider was reported to be impaired or obviously incompetent. Those cases which were rated as low risk to the public would probably be a lower priority for investigation. The QAS may not be able to do as much research or investigation initially but wait for direction from the Board. The main impact of the reduction would be the development of a backlog of cases needing to be investigated.

Alternatives - Better ways of doing business (priority rank)?

1

Develop a threshold below which complaints that may be within the Board's jurisdiction are not investigated if there is no violation of the Medical Practice Act or Rules.

2

Assess fines more frequently as a form of disciplinary sanction for violations of the Practice Act or Rules. (Costs and fees are always assessed with Stipulation and Orders and Hearings.) Utilize mediation as a means to resolve disputes and decrease the number of hearings and decrease attorneys' fees.

ZBB Cost Center Summary Review Sheet
(For agency internal use -- submission is optional)

- 3 Require licensees to take a juris prudence test to demonstrate knowledge of the Practice Acts and Rules and continue to educate licensees to reduce disciplinary actions due to ignorance of the law.
- 4 Allow QAS to telecommute. Provide secure online access that is easily used for Board/Committee members to review cases or applications in real time to shorten the time cases are open and reduce the work load at Board meetings.

ZBB Cost Center Summary Review Sheet

(For agency internal use -- submission is optional)

Cost Center Name: Prelitigation

Total Score 13 **Ranking of**
Description: Out of 20

In alleged malpractice cases involving claims for damages against physicians practicing in Idaho or against licensed acute care general hospitals operating in the State, the Board is tasked to provide a hearing panel in the nature of a special civil grand jury. The procedure is for prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in the state of Idaho. The proceedings are informal and nonbinding but are compulsory as a condition precedent to litigation

Base Resource Allocation:

| Fund Source | FTP | PC | OE | CO | T&B | Total |
|-------------|------|-----------|-----------|------|------|---------|
| General | | | | | | 0 |
| Dedicated | 1.80 | 80,450 | 87,120 | | | 167,570 |
| Federal | | | | | | 0 |
| Other | | | | | | 0 |
| Total | 1.80 | 80,450.00 | 87,120.00 | 0.00 | 0.00 | 167,570 |

(Scale of 1 - 5)

Strategic Plan - Degree to which cost center activities contribute to strategic plan?

3

Justify Score:

The prelitigation cost center activities contribute to the strategic plan by the utilization of technology to track hearing requests, hearings and outcomes. Email and faxer correspondence to the parties has reduced costs and increased convenience for the hearing panel and attorneys. Information regarding filing a prelitigation claim and the forms are available online.

(Scale of 1 - 5)

Performance - Degree to which cost center activities meet performance standards?

3

Justify Score:

This cost center meets performance standards by completing 85% of the hearing processes within 90 days. Extensions are only allowed if a waiver is requested and granted. A database module has been developed to track claims, attorneys, panelists and hearing chairmen. The prelitigation manager facilitates communication with the chairmen (attorneys appointed by the Bar Association), physicians who must serve on panels and the public who file the claims or serve as lay panelists.

(Scale of 1 - 5)

Legal Mandates - Degree to which cost center activities are critical to fulfilling legal mandates?

5

Justify Score:

The prelitigation cost center is critical to fulfilling the legal mandate that stipulates that the Board of Medicine is directed to cooperate in providing a hearing panel in the nature of a special civil grand jury and procedure for prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in the state of Idaho.

(Scale of 1 - 5)

Reduction Scenario Analysis - Degree to which a 10% cost center reduction impacts the agency core mission?

2

10% 16,757

Justify Score:

A 10% reduction in funding for this cost center would not have much impact on the core mission of the agency to protect the public. It may slow the processing of claims which we have worked hard to improve but the public would not be put at risk.

Alternatives - Better ways of doing business (priority rank)?

1

This is a cost center that does not bring in any revenue or recover any costs. A better way of doing business would be to require the hospitals to cover all or a portion of the hearing officer's fees when the hospital is named in the claim, especially if only a hospital is named and not a physician.

2

Require claimants to provide copies of records for all panelists instead of Board staff copying and mailing copies.

3

Devise a lottery type system to select physician panelists rather than Board staff making multiple calls trying to find a physician to serve on the panel.

| Cost Center Description | Licensing | Priority Ranking |
|--|-----------|------------------|
| Initial and renewal licensure of physicians, physician assistants, dietitians, athletic trainers, respiratory therapists and polysomnography trainees, technicians and technologists. This is accomplished by evaluating the credentials, education, training and experience of applicants to ensure that they are able to practice their profession with reasonable skill and safety to patients. | | |

For this decision package, please thoroughly answer the following questions with as much detail as is necessary:

1. Why is this cost center necessary and what does the taxpayer get in return?

This cost center is necessary to ensure the health, welfare and safety of the citizens of Idaho who receive health care services provided by physicians, physician assistants, medical students and residents, dietitians, athletic trainers and respiratory care practitioners. Since the Board of Medicine is a dedicated fund agency, the agency's funding comes from the applicants' initial licensure fees and renewal fees from licensees who renew their license. The citizens of Idaho are protected by the thorough review of all application documents, verification of education and training, other licenses held and criminal background checks of physicians and physician assistants. Any discrepancy or negative report must be explained and may require interview by the respective Board. All renewing licensees must answer renewal questions that are similar to the initial application with staff follow-up similar to initial licensure. Each profession that is regulated is assured that only those individuals who are qualified are granted licensure or registration thereby protecting the profession from unprofessional, improper and incompetent practitioners.

2. How does this cost center and its base level of funding support your agency's strategic plan and fulfill legal mandates (cite the legal mandates it fulfills)?

The Board of Medicine is dedicated to promoting excellence, transparency and efficiency in licensing. This is accomplished through effective, cost efficient licensing processes that insure public protection while minimizing redundant requirements for the licensee and providing transparent access to information on licensees of the Board to all constituents and insuring professionalism in all aspects of operation. The Board is committed to the utilization of technology to reduce costs through on-line application for physicians, on-line renewal for all professions, on-line querying of national databases, on-line license search and verification of licensure and disciplinary actions. The Board acknowledges the need for medical license portability and provides for licensure by endorsement for those physicians who meet certain criteria thereby expediting the licensure process for highly qualified physicians. The base level of funding provides for the administrative staff, legal advisors, communication and technical support and the physical location of the Board's office. The legal mandates for licensure are: Physicians and Physician Assistants - Idaho Code 54-1801 to 54-1806; 54-1807 to 54-1813 and 54-1841; IDAPA 22.01.01.000 through 22.01.01.100; 22.01.02.000 through 22.01.02.019; 22.01.04.000 through 22.01.04.000.

3. What adjustments would be made if this cost center (or some portion of it) was eliminated?

This cost center is central to the function of the agency. Licensing provides 97% of the Board's revenue in addition to screening applicants for initial and renewal licensure. There is no feasible way this cost center could be eliminated unless licensure became a function of the federal government. There are currently 3 licensing departments. One or more licensing departments could be consolidated and staff could be reassigned to maximize the knowledge and expertise of the licensing managers. If staff allocation was reduced rather than reorganized, the application process would slow considerably because it would mean a reduction in staff but the requirements as mandated would not change. Applications would continue to be processed but in a less timely manner. The Board is looking at reorganizing the licensing department staff according to the licensing workload to speed up the physician licensing process. The processing time for applications has decreased in the past few years due to the use of online applications for physicians and the downloading of data directly to the Board's database however, the number of applicants has increased. The Board is always looking for ways to streamline the application process especially utilizing information technology and adopting more efficient methods of processing applications.

4. What are the performance measures and outcomes for this cost center?

The performance measures for this cost center are: 1) Meet or exceed the public demand for information by the utilization of the Board's website as the primary source for information, license search and verification, online address changes, ordering of license lists. Currently 90% of license verification are ordered online and 74% of licensure lists are ordered online. 2) Utilize technology to improve agency function and reduce cost. 88% of applications for physicians are submitted online through a joint venture with the Federation of State Medical Board using a uniform application. 3 of the allied health professions can fill in the application on their computer, print it and send it in. Staff is able to access most of the national credentialing databases via secure web access. 90% of the license renewals were processed utilizing the online renewal process. Large group employers are able to pay renewal fees for many of their licensees utilizing an online voucher system. This streamlined renewal process has saved the Board the cost of 2 temporary employees who had been utilized during the 2-3 month renewal cycle but are no longer needed. All Board and Committee meetings are paperless. Board of Medicine members can access meeting materials through a secure web portal.

Further develop this decision package by reconstructing the cost center's operation up from zero base according to what is absolutely needed to fulfill your agency's legal requirements in the most efficient and effective way. Critical to this step is the identification and analysis of alternative approaches to how business is currently undertaken within this cost center (please identify opportunities to do the job differently and better). This reconstruction should reflect the preferred alternative (from the alternative box below) to the current structure. Alternatives may include the need to, for example, propose legislation to eliminate low value or out-of-date mandates, reorganize or re-engineer work processes, further exploit information technology applications, including system consolidation, outsource services to contractors, share or transfer work responsibilities to other cost centers, programs, or agencies.

| Expenditure Category | 0001 | | | Total | Explanation (include details to justify basis for the calculated number attach a separate sheet if needed) |
|--|-----------|----------|-------------------|-------------------|--|
| | 0001 | 0001 | 0001 | | |
| 4000 Total Salary & Benefits | \$ | - | \$ 292,150 | \$ 292,150 | |
| 5001 Subtotal Communication | | \$ | 25,000 | \$ 25,000 | |
| 5051 Subtotal Employee Development | | \$ | 5,400 | \$ 5,400 | |
| 5101 Subtotal General Services | | \$ | 17,200 | \$ 17,200 | |
| 5151 Subtotal Professional Services | | \$ | 50,600 | \$ 50,600 | |
| 5201 Subtotal Repair & Maint Services | | \$ | 60 | \$ 60 | |
| 5251 Subtotal Administrative Service | | \$ | 3,150 | \$ 3,150 | |
| 5301 Subtotal Computer services | | \$ | 51,800 | \$ 51,800 | |
| 5351 Subtotal Employee Travel | | \$ | 19,600 | \$ 19,600 | |
| 5401 Subtotal Administrative Supplies | | \$ | 24,350 | \$ 24,350 | |
| 5451 Subtotal Fuel & Lubricants | | \$ | 40 | \$ 40 | |
| 5501 Subtotal Mtg & Merch Costs | | \$ | - | \$ - | |
| 5551 Subtotal Computer supplies | | \$ | 1,500 | \$ 1,500 | |
| 5601 Subtotal Repair & Maint Supplies | | \$ | 120 | \$ 120 | |
| 5651 Subtotal Insitt & Resid supplies | | \$ | - | \$ - | |
| 5701 Subtotal Specific use supplies | | \$ | - | \$ - | |
| 5751 Subtotal Insurance | | \$ | 100 | \$ 100 | |
| 5851 Subtotal utility charges | | \$ | - | \$ - | |
| 5901 Subtotal Rentals & Operating leases | | \$ | 34,300 | \$ 34,300 | |
| 5961 Subtotal Misc Expenditures | | \$ | 36,450 | \$ 36,450 | |
| 5000 Total Operating Expenses | \$ | - | \$ 269,670 | \$ 269,670 | |
| 7000 Trustee/Benefits | \$ | - | \$ | \$ | |
| TOTAL EXPENDITURES | \$ | - | \$ 561,820 | \$ 561,820 | |

| Alternatives | Cost Description (use separate sheet if necessary) | Benefit Description (use separate sheet if necessary) |
|--|---|--|
| Employee whose time was divided between physician licensing and preflightation will provide full-time support for preflightation. | This will reduce the personnel costs by about \$20,000. | This will benefit the preflightation department but will mean more work for the licensing department. |
| Physician assistant licensing manager will move to physician licensing. There will be 2 full time staff working on the physician licensing processes. Physician assistants will be handled by the allied health licensing manager. | There is no change in the costs for licensing. | Hopefully, this staffing change will better utilize staff more effectively. The Allied Health Manager has been the one who has handled the renewal process for all licensees and she is the computer "go-to" person. She will not have the time to be responsible for the renewals or IT issues. However, we will be getting a new database within the next year. Hopefully it will help decrease her workload and staff's reliance on her expertise utilizing our current database. |

| Cost Center Description: Discipline | Priority Ranking |
|---|------------------|
| The regulation of licensees includes assessment and investigation of complaints filed against licensees by the public, hospitals, practitioners, state agencies, other state licensing boards; investigation of malpractice settlements and data bank reports; preparation/presentation of investigative findings to the allied health boards or the Committee on Professional Discipline (COPD); monitoring compliance with Board orders and preparation for and participation in administrative hearings including interviewing and coordinating witnesses. | 2 |

For this decision package, please thoroughly answer the following questions with as much detail as is necessary:

1. Why is this cost center necessary and what does the taxpayer get in return?

This cost center is necessary for the protection of the public to insure that the medical services provided meet the community standard of care and that practitioners provide health care with reasonable skill and safety to patients. The investigative staff (quality assurance specialists) are registered nurses (2) and a newly hired physician assistant with broad ranges of experience. They evaluate complaints to determine jurisdiction, correspond with complainants and respondents, review medical records, conduct independent research, prepare reports for the (Committee on Professional Discipline)COPD or allied health boards. The COPD/allied health board makes recommendations to the Board of Medicine for action. The cases may be closed with no action or closed with informal disciplinary action. Other cases may be kept open for further investigation or a licensee may be offered a stipulation and order -to address the Board's concerns. If the licensee refuses the stipulation and order or the violation is especially egregious, an administrative hearing is held. Staff work closely with the prosecuting attorney preparing a stipulation and order or preparing for a hearing. There is one full-time employee who monitors compliance with all stipulation and orders, performing record reviews and monitoring IdahoCare compliance. The p

2. How does this cost center and its base level of funding support your agency's strategic plan and fulfill legal mandates (cite the legal mandates it fulfills)?

This cost center promotes responsible governing of the licensees within the Board's jurisdiction and protects the public against the unlicensed practice of medicine. The Board recovers some of the costs and fees associated with disciplinary actions and sometimes assesses fines but the majority of the funding for this cost center is received from the licensing fees collected. The Board publishes public disciplinary actions on its website to increase transparency and allow public access to information regarding licensees. The Board utilizes electronic means to query and submit Board action data to national databases such as the National Practitioner Databank and Healthcare Integrity and Protection Data Bank (NPDB/HIPDB) and the Federation of State Medical Boards. Just as licensing insures that only qualified medical care providers are granted initial licensure, the discipline cost center insures that the public is protected by providing for a complaint process, investigation by qualified investigators, review of cases by COPD and Board members with expertise in a broad range of medicine, prosecution by an experienced attorney and monitoring by experienced staff. The Mandates that govern this process are: Idaho Code 54-1802, 54-1806, 54-1806(A), 54-1814, 54-1831 to 54-1840, 54-1839, 54-3510 & 54-3511, 54-3

3. What adjustments would be made if this cost center (or some portion of it) was eliminated?

With all of the mandates surrounding this cost center it is unrealistic to consider eliminating it. If a portion of the cost center was eliminated such as reducing the number of investigators, the individual case load for each investigator would increase thereby slowing the investigative process. This past year, the number of complaints received increased from 280 to 390 and the number of cases opened and investigated rose from 191 to 243. A reduction in staff would be the only way to reduce cost but the complaints and cases would need to be reviewed and investigated in the same manner, the attorney would require the same investigative support and the Board Orders would have to be monitored. Complaints must be opened and/or acknowledged within 10 days of receipt (IDAPA 22.01.14.012.02.d) but there is no time limit for investigation. So, complaints would have to be reviewed for jurisdiction and opened within 10days, the case if opened would be prioritized according to risk to the public, the lower risk cases would take longer to be investigated. Board staff would still do their best to protect the public but it would take longer to bring cases to resolution. The staff time analysis revealed that 86% of the Executive Director's time is spent on this cost center, especially shortly after a Board mee

4. What are the performance measures and outcomes for this cost center?

This cost center's performance can be measured in the numbers of complaints/cases and in the type of disciplinary action taken: Complaints received in 2010 = 280, in 2011 = 390. Cases opened in 2010 = 191, in 2011 = 243. Cases closed in 2010 = 180, in 2011 = 217. New monitor cases in 2010 =14, in 2011=22. Cases closed with no action in 2010 =138, in 2011 154. Licenses revoked, surrendered or suspended in 2010 = 3, in 2011 = 6; licenses restricted or limited in 2010 = 7, in 2011 = 6; rehabilitation stipulation and orders in 2010 = 8, in 2011 = 16; COPD interviews in 2010 = 8, in 2011 = 10; administrative hearings in 2010 = 3, in 2011 = 0 and informal discipline - letters of concern or reprimand issued in 2010 = 22, in 2011 = 28. There has been a marked increase in the number of complaints that are received by the Board without any increase in staffing. Another performance measure is the number of days a case is open. Staff tries to conclude their investigation and present the case to the COPD/BOM within 90 days. If the Board decides to take an action, then the case may be open much longer especially if the respondent contests the Board's action.

Further develop this decision package by reconstructing the cost center's operation up from zero base according to what is absolutely needed to fulfill your agency's legal requirements in the most efficient and effective way. Critical to this step is the identification and analysis of alternative approaches to how business is currently undertaken within this cost center (please identify opportunities to do the job differently and better). This reconstruction should reflect the preferred alternative (from the alternative box below) to the current structure. Alternatives may include the need to, for example, propose legislation to eliminate low value or out-of-date mandates, reorganize or re-engineer work processes, further exploit information technology applications, including system consolidation, outsource services to contractors, share or transfer work responsibilities to other cost centers, programs, or agencies.

| Expenditure Category | 0001 | | | 0002 | | | Total | Explanation (include details to justify basis for the calculated number attach a separate sheet if needed) |
|---|-----------|--|-----------|----------------|-----------|---|-------|--|
| | | | | | | | | |
| 4000 Total Salary & Benefits | \$ | - | \$ | 378,900 | \$ | 378,900 | | |
| 5001 Subtotal Communication | | | \$ | 100 | \$ | 100 | | |
| 5051 Subtotal Employee Development | | | \$ | 4,400 | \$ | 4,400 | | |
| 5101 Subtotal General Services | | | | | | - | | |
| 5151 Subtotal Professional Services | | | \$ | 132,000 | \$ | 132,000 | | |
| 5201 Subtotal Repair & Maint Services | | | | | | - | | |
| 5251 Subtotal Administrative Service | | | | | | - | | |
| 5301 Subtotal Computer services | | | \$ | 1,050 | \$ | 1,050 | | |
| 5351 Subtotal Employee Travel | | | \$ | 5,130 | \$ | 5,130 | | |
| 5401 Subtotal Administrative Supplies | | | \$ | 200 | \$ | 200 | | |
| 5451 Subtotal Fuel & Lubricants | | | \$ | 50 | \$ | 50 | | |
| 5501 Subtotal Mfg & Merch Costs | | | | | | - | | |
| 5551 Subtotal Computer supplies | | | \$ | 1,400 | \$ | 1,400 | | |
| 5601 Subtotal Repair & Maint Supplies | | | | | | - | | |
| 5651 Subtotal Insitt & Resid supplies | | | | | | - | | |
| 5701 Subtotal Specific use supplies | | | | | | - | | |
| 5751 Subtotal Insurance | | | \$ | 100 | \$ | 100 | | |
| 5851 Subtotal utility charges | | | | | | - | | |
| 5901 Subtotal Rentals & Operating leases | | | \$ | 34,300 | \$ | 34,300 | | |
| 5961 Subtotal Misc Expenditures | | | \$ | 9,400 | \$ | 9,400 | | |
| 5000 Total Operating Expenses | \$ | - | \$ | 188,130 | \$ | 188,130 | | |
| 7000 Trustee/Benefits | \$ | - | \$ | | \$ | - | | |
| TOTAL EXPENDITURES | \$ | - | \$ | 567,030 | \$ | 567,030 | | |
| Alternatives | | | | | | | | |
| There are some procedural changes that could be made but none that would effect a budgetary change. | | Cost Description (use separate sheet if necessary) | | | | Benefit Description (use separate sheet if necessary) | | |
| | | | | | | | | |
| | | | | | | | | |

| Cost Center Description | Preflightation | Priority Ranking |
|---|----------------|------------------|
| Medical Malpractice Preflightation Cost Center is separate from the other functions of the Board. In alleged malpractice cases involving claims for damages against physicians practicing in Idaho or against licensed acute care general hospitals operating in the State, the Board is tasked to provide a hearing panel in the nature of a special civil grand jury. The procedure is for preflightation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in the state of Idaho. The proceedings are informal and nonbinding but are compulsory as a condition precedent to litigation. | | |
| | | 3 |

For this decision package, please thoroughly answer the following questions with as much detail as is necessary:

1. Why is this cost center necessary and what does the taxpayer get in return?

The legislative intent when this mandate was enacted in 1976 was to assure that a liability insurance market be available to physicians and hospitals at a reasonable cost thus assuring the availability of health care providers for the provision of health care to persons in this state. It was declared to be in the public interest to encourage nonlitigation resolution of claims against physicians and hospitals by providing for preflightation screening of claims against physicians and hospitals by a hearing panel. Requests for preflightation screening hearings are received and processed by Board staff. The preflightation manager appoints the panel members and is responsible for sending all documents and correspondence related to the claim and the hearing. Upon conclusion of the hearing, staff sends all parties the panel's conclusion. Regardless of the panel's determination of the claim's merit, the claimant may now file a malpractice claim with the Court. The public benefits by have a low cost (or no cost) opportunity to present the claim for review of its merits. The physicians and hospitals benefit by having the opportunity to briefly present their defense without the cost of preparing for a trial. In most cases, if the claimant chooses to pursue the claim, a monetary settlement is reached outside

2. How does this cost center and its base level of funding support your agency's strategic plan and fulfill legal mandates (cite the legal mandates it fulfills)?

The preflightation cost center supports the Board's strategic plan of promoting responsible government through the efficient use of technology and responsible utilization of resources. Within the past 2 years, the preflightation process has been incorporated into the database making the tracking of the claims process more streamlined. Staff uses electronic communication when possible but due to the legal nature of the process, it still requires correspondence and notices to be sent via mail. The most time consuming and difficult part of the process is finding appropriate physician panelists who do not have a conflict. The physician and lay panelist serve without compensation except for travel expenses but the panel chairman (attorney) is paid \$600 for his time and administrative costs. Over 50% of the claims include a hospital but the hospital do not provide any funds to support this process. It is one of the objectives of the strategic plan to look at options to mitigate the costs for this cost center. The legal mandate for this cost center is Idaho Code 6-1002 through 6-1013. IDAPA 22.01.01.081 requires physicians licensed in Idaho to sit on the preflightation panel when asked - unless excused by the hearing panel chairman.

3. What adjustments would be made if this cost center (or some portion of it) was eliminated?

This cost center does provide a valuable service for both the public and the physicians & hospitals. However, the process does not really fit the Board's mission of fair and impartial application and enforcement of the practices acts. Nor does it fit the Board's vision of promoting excellence, transparency and efficiency in licensing and regulation. It does help protect the public but not to the same extent as licensure or discipline. The preflightation hearing screening process should not be eliminated but it could be administered through another entity. Elimination of staff to support this cost center within the Board of Medicine is not an option since the process must be completed within 90 days and it is extremely difficult to get the hearings assigned, scheduled, panels convened and hearings completed within that time frame with 1.5 FTE dedicated to the preflightation process.

4. What are the performance measures and outcomes for this cost center?

The performance measures for the preflightation process are completion of each claim within the 90 day requirement unless granted a special 30 day continuance. In 2011, there were 113 requests for a preflightation hearing with 201 respondents named. 19 of the claims returned "with merit", 84 "without merit" and 2 "with some merit" and 12 claims were withdrawn or settled prior to a hearing. Since 2005, approximately 60% of claims that had merit or possible merit were settled and 26% of claims without merit also settled. Unfortunately, the Board does not track settlements less than \$50,000 so these percentages are probably a bit higher. There is still a need for enhanced data reporting which can be accomplished with the design of customized reports from within the database and capturing of more specific information.

Further develop this decision package by reconstructing the cost center's operation up from zero base according to what is absolutely needed to fulfill your agency's legal requirements in the most efficient and effective way. Critical to this step is the identification and analysis of alternative approaches to how business is currently undertaken within this cost center (please identify opportunities to do the job differently and better). This reconstruction should reflect the preferred alternative (from the alternative box below) to the current structure. Alternatives may include the need to, for example, propose legislation to eliminate low value or out-of-date mandates, reorganize or re-engineer work processes, further exploit information technology applications, including system consolidation, outsource services to contractors, share or transfer work responsibilities to other cost centers, programs, or agencies.

| 4000 Expenditure Category | 0003 | Total | Explanation (include details to justify basis for the calculated number attach a separate sheet if needed) |
|--|-------------|-------------------|--|
| 5001 Total Salary & Benefits | \$ - | \$ 80,450 | |
| 5051 Subtotal Communication | \$ 250 | \$ 250 | |
| 5101 Subtotal Employee Development | | | |
| 5151 Subtotal General Services | | | |
| 5201 Subtotal Professional Services | \$ 63,600 | \$ 63,600 | |
| 5251 Subtotal Repair & Maint Services | | | |
| 5301 Subtotal Administrative Services | \$ 850 | \$ 850 | |
| 5351 Subtotal Computer services | | | |
| 5401 Subtotal Employee Travel | \$ 1,650 | \$ 1,650 | |
| 5451 Subtotal Administrative Supplies | \$ 450 | \$ 450 | |
| 5501 Subtotal Fuel & Lubricants | | | |
| 5551 Subtotal Mfg & Merch Costs | | | |
| 5601 Subtotal Computer supplies | \$ 450 | \$ 450 | |
| 5651 Subtotal Repair & Maint Supplies | | | |
| 5701 Subtotal Insit & Resid supplies | | | |
| 5751 Subtotal Specific use supplies | | | |
| 5851 Subtotal Insurance | \$ 30 | \$ 30 | |
| 5901 Subtotal utility charges | | | |
| 5961 Subtotal Rentals & Operating leases | \$ 17,140 | \$ 17,140 | |
| 5000 Subtotal Misc Expenditures | \$ 2,700 | \$ 2,700 | |
| Total Operating Expenses | \$ 87,120 | \$ 87,120 | |
| 7000 Trustee/Benefits | \$ - | \$ - | |
| TOTAL EXPENDITURES | \$ - | \$ 167,570 | \$ 167,570 |

| Alternatives | Cost Description (use separate sheet if necessary) | Benefit Description (use separate sheet if necessary) |
|---|--|--|
| After a thorough review of the process and staffing, it has been decided to utilize the employee who was dividing her time between physician licensing and prelitigation to full time support for the prelitigation.. | This will increase the personnel cost for this cost center by approximately \$20,000. Although this is an increase in the costs for this Cost Center, it does not change the overall budget for the Board. | The benefit of this change will help insure that the prelitigation hearing process can be completed within the statutory mandate of 90 days. This change was a result of examining the staff allocation and determining how to best use the resources we have. |
| The Board would like to require that the hospitals share in the legal expense of providing for the prelitigation hearings. | This would decrease the legal costs by 1/3 to 1/2. Each hearing costs the Board \$600 in legal fees. | This may require a statute change since the hospitals are not very receptive to sharing in the cost. Board staff will continue to pursue discussions with the Idaho Hospital Association. |

MANAGEMENT RANKING LIST

Agency: Board of Medicine
Code: 425

This ranking spreadsheet is designed to capture the total priority ranking and associated costs of the decision packages. The expenditure total should reflect the newly reconstructed cost for the entire program. Prioritize and rank each decision package according to the degree to which they accomplish your core mission, fulfill your strategic plan and statutory authority, and meet performance expectations.

(1 = Top) (DOLLARS)

| Priority Rank | Decision Packages | Full Time Positions | |
|--|-------------------|---------------------|------------------|
| | | Increment | Cumulative Total |
| 1 | Cost Center 1 | 6.30 | 6.30 |
| 2 | Cost Center 2 | 5.90 | 12.20 |
| 3 | Cost Center 3 | 1.80 | 14.00 |
| Total Reconstructed Expenditures | | 14 | |
| Total FY 2014 Projected Base Appropriation | | 14 | |
| Difference | | - | |

| General Fund | | Dedicated | | Federal | | Other | | TOTAL \$\$ |
|--------------|-----------|-----------|-----------|-----------|-------|-----------|-------|------------|
| Increment | Total | Increment | Total | Increment | Total | Increment | Total | |
| | | | | | | | | |
| - | - | 561,820 | 561,820 | - | - | - | - | 561,820.00 |
| - | - | 567,030 | 1,128,850 | - | - | - | - | 567,030.00 |
| - | - | 167,570 | 1,296,420 | - | - | - | - | 167,570.00 |
| 0 | 1,296,420 | | | 0 | | | 0 | 1,296,420 |
| | | 1,486,700 | | | | | | 1,486,700 |
| 0 | 190,280 | 0 | 0 | 0 | 0 | 0 | 0 | 190,280 |

\$73900 reflects the 2% change in employee compensation and restoration of Exec. Director's salary. Our agency typically reverts around \$100,000 in OE. Historically we have had the occasional prolonged disciplinary hearing and or appeals so we keep this money in reserve so we don't have to ask for a supplemental.